

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214518515			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Pheasants Forever, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1751322</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1783 BUERKLE CIRCLE</p> <p style="text-align: center;">CITY/ST/ZIP: ST PAUL, MN 55110</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: HOWARD K VINCENT TITLE: PRESIDENT ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST PAUL, MN 55110 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: HOWARD K VINCENT TITLE: PRESIDENT ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HOWARD K VINCENT TITLE: PRESIDENT ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JON LEE TITLE: TREASURER ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JON LEE TITLE: TREASURER ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JON LEE TITLE: TREASURER ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: TIM KESSLER TITLE: SECRETARY ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TIM KESSLER TITLE: SECRETARY ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIM KESSLER TITLE: SECRETARY ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JAMES M KOERBER TITLE: CFO ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST PAUL, MN 55110 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES M KOERBER TITLE: CFO ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES M KOERBER TITLE: CFO ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: NANCY ANISFIELD TITLE: DIRECTOR ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NANCY ANISFIELD TITLE: DIRECTOR ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY ANISFIELD TITLE: DIRECTOR ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: RICHARD BELL TITLE: DIRECTOR ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD BELL TITLE: DIRECTOR ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD BELL TITLE: DIRECTOR ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C BRENGMAN DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOBIAS BUCK DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CALL DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN GOTTSCHALK CHAIRMAN 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE HERTZKE DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT KUCHARSKI DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLIE MCLRAVY DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHEFALI MEHTA DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD W SACHS DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM ZEHNDER DIRECTOR 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ HOWARD K VINCENT		HOWARD K VINCENT, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		4/8/2014	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			